



City of Kansas City, Mo.
Neighborhood and Community Services Department
Regulated Industries Division
635 Woodland Ave., Suite 2101
Kansas City, MO 64106
(816) 784-9000

Short-term loan establishment application

Please check one of the following

I am: ☐ applying for a new short term loan establishment license

☐ purchasing an existing short-term loan establishment licensed business

Please type or print the following information

Applicant's name _____

Applicant's address _____
Street City State ZIP

DBA business name _____ Phone _____

Business address _____
Street City State ZIP

Business hours _____

*** The designated agent must be someone who can regularly be found in the city during business hours**

Designated agent's name _____ Date of birth _____

Designated agent's street address _____

City _____ State _____ ZIP _____ Home phone _____

Mobile phone _____ Business phone _____

Designated agent's e-mail address _____

single ownership _____ partnership _____ LLC _____ corporation _____

If a partnership or LLC, list all partners'/members' information as requested below (use additional paper if needed)

<u>Name</u>	<u>Address</u>	<u>Home and mobile phones</u>	<u>Date and place of birth</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If a corporation, list corporate officers' information as requested below (use additional paper if needed)

<u>Name</u>	<u>Address</u>	<u>Home and mobile phones</u>	<u>Date and place of birth</u>
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President _____

Vice president _____

Secretary _____

Treasurer _____

If a corporation, list all directors' information as requested below (use additional paper if needed)

<u>Name</u>	<u>Address</u>	<u>Home and mobile phones</u>	<u>Date and place of birth</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If a corporation, list information as requested for all shareholders with a greater than a 10 percent interest (use additional paper if needed)

<u>Name</u>	<u>Address</u>	<u>Home and mobile phones</u>	<u>Date and place of birth</u>

If a partnership, list all partners' information as requested below (use additional paper if needed)

<u>Name</u>	<u>Address</u>	<u>Home and mobile phones</u>	<u>Date and place of birth</u>

List the requested information of all people who may be assigned to any part of the management and/or control of the business

<u>Name</u>	<u>Address</u>	<u>Home and mobile phones</u>	<u>Date and place of birth</u>

Have you or any person listed on this application been convicted of violating any provisions of this chapter?

yes _____ no _____

Have you or any person listed on this application been convicted of a felony, misdemeanor, infraction or ordinance violation involving moral turpitude, a breach of fiduciary obligation, crimes of physical violence or property crimes?

yes _____ no _____

Have you or any person listed on this application ever had a permit issued under this article revoked or suspended?

yes _____ no _____

If you answered yes to any of the above, list all details/convictions below

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

_____	_____
Applicant's signature	Date

Seal

State of Missouri

County of _____

Subscribed and sworn before me, this _____ day of _____, 20_____.

My commission expires

_____	_____
Date	Notary public

-----Investigator-----

Date case completed _____ Date of location check _____

Application recommended for: ☐ Approval ☐ Disapproval Date: _____

Reason(s) for recommendation of disapproval of application / license (if any) _____

Contingency and other items needed prior to issuance of license _____

_____/_____
_____/_____
_____/_____

License recommended for: ☐ Approval ☐ Disapproval Date: _____

Regulated Industries Division investigator

-----INVESTIGATIONS SUPERVISOR -----

Application recommended for: ☐ Approval ☐ Disapproval Date: _____

License recommended for: ☐ Approval ☐ Disapproval Date: _____

Comments: _____

Regulated Industries Division investigations supervisor

-----ASSISTANT MANAGER -----

Application recommended for: ☐ Approval ☐ Disapproval Date: _____

License recommended for: ☐ Approval ☐ Disapproval Date: _____

Comments: _____

Regulated Industries Division assistant manager

-----MANAGER -----

This application & license is hereby ☐ Approved ☐ Disapproved

Comments: _____

Regulated Industries Division manager

Date

